

# Epic Research Invoice Tutorial

## First page header

The **Guarantor account number** is the Epic billing number for your study. It is different than the EPIC study account number (CSN), but is linked to it in Epic.

Please note new address for sending payments

Payment needs to reference invoice #, which is Guarantor Acct followed by Invoice date (in this example: 1474166 092611)

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Remit To: Fairview Health Services PO Box 9372 Minneapolis, MN 55440-9372	Invoice Date: 09/26/11 Due Date: 10/26/11 Guarantor Acct: 1474166 Amount Due: 288.37
Bill To: A VALIDATION STUDY OF SUBJECT SPECIFIC MMC 195 Minneapolis, MN 55455	

Study name and billing address (from TASCs)

Total due on invoice

**Important exception for the first invoices:** Do not pay attention to the “due date”. The system automatically populates this as 30 days after invoice is printed. We manually work on the invoice after it’s printed, causing the due date to be incorrectly close to the date the invoice is sent. Please think of the “due date” as 30 days after you receive the invoice.

## New Charges and Account Aging

**Hospital Account Record (HAR)** is the account number associated with the charges for the study for one calendar month. Multiple HARs on an invoice mean the charges span more than one month.

List of all HARs not previously billed to study

Total research charges on each HAR

Breakdown of outstanding balances on account by days since charges were invoiced

New Charges					
Account #	Total Charges				
20008011347	288.37				
Total	288.37				

  

Account Aging					
0-30	31-60	61-90	91-120	>120	Total
288.37	0.00	0.00	0.00	0.00	288.37

**Important exception for the first invoices:** The system does not know we have not sent invoices. The account aging field has been generated based on when the service occurred, and not when the study was invoiced. These “aged” charges are included in the attached detail.

New Charges					
Account #	Total Charges				
20008097004	220.00				
20008211932	31.00				
20008330578	31.00				
20008439706	31.00				
20008562981	31.00				
Total	344.00				

  

Account Aging					
0-30	31-60	61-90	91-120	>120	Total
344.00	0.00	0.00	0.00	240.00	584.00

  

Balance from Previous Accounts			
Account #	Statement Date	Previous Balance	Outstanding Balance
20007692088	05/31/2011	177.60	240.00
Total for 1 Accounts		177.60	240.00

## Payments, Adjustments, and Summary

List of all payments and adjustments applied to study account since last invoiced

Summary of outstanding balance on study account

Payments			
Post Date	Account #	Description	Amount
Total for 0 Payments			0.00
Adjustments			
Post Date	Account #	Description	Amount
Total for 0 Adjustments			0.00
Summary			
New Charges:		288.37	
Balances for Previous Statements:		0.00	
Payments/Adjustments:		0.00	
Total Amount Due:		288.37	

The "amount due" should match the charge detail attached, regardless if the charges are "new/current" or "previous/aged".

**Important exception of the first invoices:** Disregard any adjustments listed on the initial invoice. The system inappropriately applied discounts, which we manually reversed.

Payments			
Post Date	Account #	Description	Amount
Total for 0 Payments			0.00
Adjustments			
Post Date	Account #	Description	Amount
06/21/11	20007692088	AR UNINSURED DISCOUNT	62.40
08/24/11	20007692088	AR CONTRACTUAL DISALLOWANCE	0.00
08/24/11	20007692088	AR CONTRACTUAL DISALLOWANCE	0.00
Total for 3 Adjustments			62.40

## Charge Detail: Patient Detail

The charge detail includes charges and credits for the current billing period, broken down by patient.

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Remit To:
MONTHLY BILL DETAIL FOR
A VALIDATION STUDY OF SUBJECT SPECIFIC PELVIC MODELING, RESEARCH
GUAR ACCOUNT: 1474166
09/26/11
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Current Statement
Patient Detail For New Charges
-----

Service   Chg   Description                               CPT/   Total
Date      Code  Description                               HCPCS  Price
-----

Patient Name: NO NAME SPECIFIED           SSN:           MRN#:
Account: 20008011347
05/18/11 72195  HC MRI PELVIS W/O CONTRAST             72195  001    288.37
TOTAL ***NO NAME SPECIFIED***           288.37
    
```

Patient detail, if provided

HAR

Date of Service

EPIC Charge Code

Research price

```

Patient Name: NO NAME SPECIFIED           SSN:           MRN#:
Account: 20007691864
03/30/11 25000557 H IDS DISPENSING FEE (RESEARCH)         -001    -1,390.00
03/30/11 25000557 H IDS DISPENSING FEE (RESEARCH)         001     1,390.00
04/30/11 25000558 H IDS RENEWAL FEE (RESEARCH)             001         62.00
04/30/11 25000558 H IDS RENEWAL FEE (RESEARCH)            -001        -62.00
Account: 20008096981
05/31/11 25000558 H IDS RENEWAL FEE (RESEARCH)             001         62.00
Account: 20008211857
06/30/11 25000558 H IDS RENEWAL FEE (RESEARCH)             001         62.00
Account: 20008330308
07/31/11 25000558 H IDS RENEWAL FEE (RESEARCH)             001         62.00
TOTAL ***NO NAME SPECIFIED***           186.00
    
```

Credit charges due to system corrections.

The IDS dispensing fee will be a monthly total. Detail of each dispensing fee will be attached to the EPIC invoice as it was for previous PASS invoices.

## Charge Detail: HAR Detail

The HAR Detail includes charges without patient identifiers.

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FAIRVIEW HEALTH SERVICES
PO Box 9372

MINNEAPOLIS, MN-55440-9372
Ph: (612) 672-6724

Guarantor Name & Address          Account ID
CHOLINE SUPPLEMENTATION IN CHILDREN PRE 1423717
Suite 900A, 2721
po# 0000307456                    Visit ID
Minneapolis, MN 55414             20007692088

Detailed Bill For

Patient Name:          CHOLINE SUPPLEMENTATION I Admission Date:    03/01/2011
Account Class:        Outpatient                    Discharge Date:         04/30/2011
Attending Physician:

Charges
=====
Service  Rev.  Proc.  Description          Qty.  Amount
Date    Code  Code
=====
Hospital Charges
03/30/11 0250 25000557 H IDS DISPENSING FEE (RESEARCH) 1    160.00
04/30/11 0250 25000557 H IDS DISPENSING FEE (RESEARCH) 1     80.00
Total hospital charges:                                240.00

Payments
=====
Post Date          Recd. From          Amount
=====
No payments on this account.

Adjustments
=====
Post Date          Adj. For            Amount
=====
No adjustments on this account.

Total balance:                                240.00
    
```

Guarantor Account

HAR

Total for previous or "aged" charges by HAR.

For any questions about Epic research invoices, please contact Fairview Research Administration: (612) 672-7690; [research@fairview.org](mailto:research@fairview.org).